

Department of Agriculture  
Rural Development  
MFH Physical Inspection

Section I: General Information					
Servicing Official: <i>J. Vieira</i>			Date: <i>6-24-15</i>		
Type of Visit: <i>Comp. Rev.</i>			Year Built: 1968		
Property Name: OKEE/OSCEOLA CENTER					
Management Agent Name: BELLE GLADE HOUSING AUTHORITY			No. of Units: 713		
Borrower Name: BELLE GLADE HOUSING AUTHORITY			RA Units: 224		
Borrower ID and Project No: 699911096 01-4			Project Type: Family		
<p>Directions: Indicate A=Acceptable. Acceptable indicates that the condition is satisfactory or up to industry standard. F=Finding. A finding is a failure to meet physical standards that indicate a widespread occurrence or pattern of a physical problem that should be corrected through routine procedures. Health &amp; Safety, or accessibility issues are either a finding or V=Violation (a finding that because of its severity requires using the three servicing letters, and possibly the pursuit of acceleration). N/A=Not Applicable. For each finding or a violation, use the comment section to provide an explanation of the problem including possible corrective action. Indicate the Estimated Completion Date (ECD) in the column provided. The comment section may be used for observations or notes.</p>					
Section II: Exterior Site Inspection	A	F	V	ECD	N/A
Utilities	✓				
Drainage and Erosion Control	<i>Okeechobee ctr. buildings need fill</i>				
Landscaping and Grounds					
Drives, Parking Surfaces and Walks					
Exterior Signage	✓				
Site Accessibility	✓				
Fences and Retaining Walls	✓				
Debris and Graffiti					
Lighting	✓				
Foundation	✓				
Exterior Walls and Siding	<i>Bldgs need paint</i>				
Roofs, Flashing and Gutters					
Windows, Doors and Exterior	✓				
Common Area Signage	✓				
Common Area Accessibility	✓				

Comments/Observations (use additional sheet(s) as needed):

*Vacants: 1244  
2193*

*Okeechobee Ctr. bldgs. are in the process of being painted.  
Service is being donated by members of Christ Fellowship  
Church. Osceola Center painting will follow.*

Sensitive but Unclassified/Sensitive Security Information - Disseminate on a Need-To-Know Basis Only

MFH

1-C Blaine  
Street

23

AKel Obd

appropriate  
in as needed in the

NO	N/A
----	-----

NO	N/A

3. How much do you pay for rent? \$ 101

4. How much do you pay for utilities? \$ \_\_\_\_\_

5. \*Are you working? If so where?

6. \*If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?

8. Do you understand the income verification and certification process?

9. Do you know about the grievance process?

10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?

11. \*Do you find the Maintenance acceptable? Why or why not?

YES	NO	N/A
-----	----	-----

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

No English

Department of Agriculture  
Rural Development  
MFH Physical Inspection

<b>Section III: Unit Inspection</b>						
<b>Project Name:</b> OKEE/OSCEOLA CENTER			<b>Unit #:</b>			
<b>Is this unit vacant?:</b>		<b>Date vacated:</b>		<b>Rent Ready:</b>		
<b>Tenant Name:</b>						
<b>Apartment Unit - General</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
<b>Living Room/Dining Room</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Entrance Door		✓				
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				
<b>Kitchen</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
<b>Bathroom</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks/Vanity		✓				
Walls and Ceilings		✓				
Doors		✓				
Flooring		✓				
Accessibility						✓
<b>Bedroom</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				

Comments/Observations (use additional sheets (s) as needed):

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Department of Agriculture

R1

MFH 1

3-0 Burke  
Street

Worksheet for:

Project Name: OKEE/OSCEOLA CENTER  
 Tenant Name: Doroteo Maldonado  
 Unit#: 1028  
 Occupancy Date: 9-6-11  
 Directions: Use this worksheet as a guide for information or mark the appropriate box (YES, comments/observation section. Use data from

Appropriate as needed in the

General

1. How many people live in household?  
 2. Did you pay a security deposit? If so, how much?  
 \$

3. How much do you pay for rent? \$

4. How much do you pay for utilities? \$

5. \*Are you working? If so where?

6. \*If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?

8. Do you understand the income verification and certification process?

9. Do you know about the grievance process?

10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?

11. \*Do you find the Maintenance acceptable? Why or why not?

Accessibility

YES

NO

N/A

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

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Rural Development  
MFH Physical Inspection

<b>Section III: Unit Inspection</b>					
<b>Project Name:</b> OKEE/OSCEOLA CENTER			<b>Unit #:</b>		
<b>Is this unit vacant?:</b>		<b>Date vacated:</b>		<b>Rent Ready:</b>	
<b>Tenant Name:</b>					
<b>Apartment Unit - General</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings					
Windows					
Refrigerator					✓
Range and Range Hood					✓
Sinks					
Cabinets					
Flooring					
Accessibility					✓
<b>Bathroom</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
<b>Bedroom</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets (e) as needed):

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MF

## Worksheet

Project Name: OKEE/OSCEOLA CENTER  
 Tenant Name: Dorothy McCloud  
 Unit#: 1070  
 Occupancy Date: 6-15-85  
 Directions: Use this worksheet as a guide,  
 information or mark the appropriate box(es)  
 comments/observation section. Use data for

## General

1. How many people live in household?
2. Did you pay a security deposit? If so,  
\$ \_\_\_\_\_
3. How much do you pay for rent? \$ \_\_\_\_\_
4. How much do you pay for utilities? \$ \_\_\_\_\_
5. \*Are you working? If so where? \_\_\_\_\_
6. \*If no, how do you pay your rent and expenses?
7. Do you have access to the laundry facilities, community room and  
common area, if applicable. If no, why not?
8. Do you understand the income verification and certification  
process?
9. Do you know about the grievance process?
10. \*Do you find the management's response to your request for  
repairs acceptable? Why or why not?
11. \*Do you find the Maintenance acceptable? Why or why not?

## Accessibility

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?
14. If not, does your lease require you to move if an individual needing  
these features applies?

Comments/Observations (use additional sheet(s) as needed):

Unable to access unit to inspect - Key not available

Okee 2 bd  
 appropriate  
 on as needed in the

NO

N/A

YES

NO

N/A

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

<b>Section III: Unit Inspection</b>					
<b>Project Name:</b> OKEE/OSCEOLA CENTER			<b>Unit #:</b>		
<b>Is this unit vacant?:</b>		<b>Date vacated:</b>		<b>Rent Ready:</b>	
<b>Tenant Name:</b>					
<b>Apartment Unit - General</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
<b>Living Room/Dining Room</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings					
Windows					
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets					
Flooring					
Accessibility					
<b>Bathroom</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
<b>Bedroom</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings					
Door and Windows					
Flooring					

**Comments/Observations (use additional sheets(s) as needed):**

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Rural I  
MFH Physi

Worksheet for MFH

Project Name: OKEE/OSCEOLA CENTER  
Tenant Name: Detavie Quiror-Saltos  
Unit#: 1137  
Occupancy Date: 11-30-11  
Directions: Use this worksheet as a guide for ind  
information or mark the appropriate box (YES, NO,  
comments/observation section. Use data from MFIS

General

1. How many people live in household?  
2. Did you pay a security deposit? If so, how muc  
\$

3. How much do you pay for rent? \$

4. How much do you pay for utilities? \$

5. \*Are you working? If so where?

6. \*If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and  
common area, if applicable. If no, why not?

8. Do you understand the income verification and certification  
process?

9. Do you know about the grievance process?

10. \*Do you find the management's response to your request for  
repairs acceptable? Why or why not?

11. \*Do you find the Maintenance acceptable? Why or why not?

Accessibility

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing  
these features applies?

Comments/Observations (use additional sheet(s) as needed):

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
<b>Apartment Unit - General</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
<b>Living Room/Dining Room</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
<b>Kitchen</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
<b>Bathroom</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
<b>Bedroom</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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Department  
Rural  
MFH Phys

Worksheet for MF

Project Name: OKEE/OSCEOLA CENTER  
Tenant Name: Emmanuel Ferdinand  
Unit#: 1191  
Occupancy Date: 5-1-99  
Directions: Use this worksheet as a guide for information or mark the appropriate box (YES, NO) comments/observation section. Use data from MFI.

General

1. How many people live in household?
2. Did you pay a security deposit? If so, how much?  
\$
3. How much do you pay for rent? \$
4. How much do you pay for utilities? \$
5. \*Are you working? If so where?
6. \*If no, how do you pay your rent and expenses?
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
8. Do you understand the income verification and certification process?
9. Do you know about the grievance process?
10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?
11. \*Do you find the Maintenance acceptable? Why or why not?

Accessibility

12. Has the owner made reasonable accommodations as requested?
- For Fully Accessible Unit
13. Do you have a need for the accessibility features of this unit?
14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

4 Davis

Street

195

c 3bd.

ate  
eeded in the

NO

N/A

*Handwritten note:*  
Tenant needs to move ASAP

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MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER		Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
<b>Apartment Unit - General</b>					
Water Heaters	A ✓	F	V	ECD	N/A
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Windows	<i>Needs to be scraped &amp; painted</i>				
Refrigerator	<i>tenant owns</i>				
Range and Range Hood					✓
Sinks					✓
Cabinets					
Flooring					
Accessibility					✓
<b>Bathroom</b>					
Water Closet	A	F	V	ECD	N/A
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings	<i>Paint peeling</i>				
Doors					
Flooring					
Accessibility					✓
<b>Bedroom #2</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows	<i>Paint peeling</i>				
Flooring					

Comments/Observations (use additional sheets(s) as needed):

Mold throughout unit

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251

Project Name:	OKEE/OSCEOLA CENTER
Tenant Name:	Raul Mejia
Unit#:	1248
Occupancy Date:	9-15-11
Directions:	Use this worksheet a information or mark the appropri- comments/observation section. Use

lit Type: *Okec 2 bd.*  
FC: *342*  
er the appropriate  
hformation as needed in the

YES	NO	N/A
-----	----	-----

1. How many people live in house \_\_\_\_\_
2. Did you pay a security deposit: \$100, ...  
\$ \_\_\_\_\_
3. How much do you pay for rent? \$ 79 week
4. How much do you pay for utilities? \$ water \$20/elec. \$60-70
5. \*Are you working? If so where? super
6. \*If no, how do you pay your rent and expenses?
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
8. Do you understand the income verification and certification process?
9. Do you know about the grievance process?
10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?
11. \*Do you find the Maintenance acceptable? Why or why not?

[illegible]

### Accessability

YES	NO	N/A
-----	----	-----

12. Has the owner made reasonable accommodations as requested?

[illegible]

For Fully Accessible Unit

1 4

13. Do you have a need for the accessibility features of this unit?

--	--	--

14. If not, does your lease require you to move if an individual needing these features applies?

		✓
--	--	---

Comments/Observations (use additional sheet(s) as needed):

Department of Agriculture  
Rural Development  
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER				Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door <i>needs seal replaced</i>						
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets <i>need replaced</i>						
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks/Vanity		✓				
Walls and Ceilings		✓				
Doors		✓				
Flooring		✓				
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				

Comments/Observations (use additional sheets(s) as needed):

*Hole in wall behind washer*  
*Cable by front needs to be removed - trip hazard*

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Dep:

MFI

## Worksheet

Project Name: OKEE/OSCEOLA CENTER  
 Tenant Name: Pamela D. Woods  
 Unit#: 1306  
 Occupancy Date: 6-27-87  
 Directions: Use this worksheet as a guide  
 information or mark the appropriate box(Y  
 comments/observation section. Use data fr

## General

1. How many people live in household?
2. Did you pay a security deposit? If so, how much:  
\$ \_\_\_\_\_
3. How much do you pay for rent? \$ \_\_\_\_\_
4. How much do you pay for utilities? \$ \_\_\_\_\_
5. \*Are you working? If so where? \_\_\_\_\_
6. \*If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?
8. Do you understand the income verification and certification process?
9. Do you know about the grievance process?
10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?
11. \*Do you find the Maintenance acceptable? Why or why not?

## Accessibility

YES

NO

N/A

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?
14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

<b>Section III: Unit Inspection</b>					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
<b>Apartment Unit - General</b>					
Water Heaters	A	F	V	ECD	N/A
Emergency Call System (if installed)	✓				✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Windows	✓				
Refrigerator	✓				✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
<b>Bathroom</b>					
Water Closet	A	F	V	ECD	N/A
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
<b>Bedroom</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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Worksheet for ME

Project Name: OKEE/OSCEOLA CENTER  
 Tenant Name: Lucerson Guerrier  
 Unit#: 1376  
 Occupancy Date: 2-20-15  
 Directions: Use this worksheet as a guide for information or mark the appropriate box (YES, NO) in the comments/observation section. Use data from MF1

General

1. How many people live in household?  
 2. Did you pay a security deposit? If so, how much?  
 \$

3. How much do you pay for rent? \$

4. How much do you pay for utilities? \$

5. \*Are you working? If so where?

6. \*If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?

8. Do you understand the income verification and certification process?

9. Do you know about the grievance process?

10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?

11. \*Do you find the Maintenance acceptable? Why or why not?

Accessibility

YES

NO

N/A

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations (use additional sheet(s) as needed):

25-A

Kouskoff

Street

391

2 bd.

late needed in the

NO

N/A



Department of Agriculture  
Rural Development  
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood		✓				✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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M

## Worksheet

Project Name: OKEE/OSCEOLA CENTER  
 Tenant Name: Juan Cristobal  
 Unit#: 1429  
 Occupancy Date: 5-21-14  
 Directions: Use this worksheet as a guide  
 information or mark the appropriate box  
 comments/observation section. Use data

## General

1. How many people live in household?

2. Did you pay a security deposit? If so, how much?

\$ 400 approx.3. How much do you pay for rent? \$ 96 WEEK \$390 approx.4. How much do you pay for utilities? \$ elec \$170-150/water \$120-1505. \*Are you working? If so where? grass

6. \*If no, how do you pay your rent and expenses?

7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?

8. Do you understand the income verification and certification process?

9. Do you know about the grievance process?

10. \*Do you find the management's response to your request for repairs acceptable? Why or why not?

11. \*Do you find the Maintenance acceptable? Why or why not?

## Accessibility

12. Has the owner made reasonable accommodations as requested?

For Fully Accessible Unit

13. Do you have a need for the accessibility features of this unit?

14. If not, does your lease require you to move if an individual needing these features applies?

OKEE 3 bd.  
 07  
 appropriate  
 ion as needed in the

NO

N/A

Comments/Observations (use additional sheet(s) as needed):

"prefers Osceola" "Diane very nice"

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Rural Development  
MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER		Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
<b>Apartment Unit - General</b>					
Water Heaters	A	F	V	ECD	N/A
Emergency Call System (if installed)	✓				✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Windows <i>needs screen</i>	✓				
Refrigerator					✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
<b>Bathroom</b>					
Water Closet <i>fan not working</i>	A	F	V	ECD	N/A
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
<b>Bedroom</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows					
Flooring					

Comments/Observations(see additional sheets(s) as needed):

*"scared of light fixture (bathroom) but doesn't work"*

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1570 12th DR

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Yolander Felton			
Unit#: 2038	Unit Type: Osc 1 bd.		
Occupancy Date: 8-4-14	NTC: 17		
<p>Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.</p>			
<b>General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. How many people live in household?			
2. Did you pay a security deposit? If so, how much? \$ _____			
3. How much do you pay for rent? \$ _____			
4. How much do you pay for utilities? \$ _____			
5. *Are you working? If so where? _____			
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
<b>Accessibility</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

<b>Section III: Unit Inspection</b>						
<b>Project Name:</b> OKEE/OSCEOLA CENTER			<b>Unit #:</b>			
<b>Is this unit vacant?:</b>		<b>Date vacated:</b>		<b>Rent Ready:</b>		
<b>Tenant Name:</b>						
<b>Apartment Unit - General</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
<b>Living Room/Dining Room</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
<b>Kitchen</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
<b>Bathroom</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Closet <i>TP holder missing</i>						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
<b>Bedroom</b>		<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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1462 12th St

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Gwendolyn Fashaw</u>			
Unit#: <u>2087</u>		Unit Type: <u>Osc 1 bd</u>	
Occupancy Date: <u>3-1-01</u>		NTC: <u>64</u>	
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
<b>General</b>		<b>YES</b>	<b>NO</b>
		<b>N/A</b>	
1. How many people live in household? <u>1</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>64</u>			
4. How much do you pay for utilities? <u>\$ water \$73 / elec \$190</u>			
5. *Are you working? If so where? _____			✓
6. *If no, how do you pay your rent and expenses? <u>SSI disabled farmworker</u>			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?		✓	
8. Do you understand the income verification and certification process?		✓	
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?		✓	
11. *Do you find the Maintenance acceptable? Why or why not?		✓	
<b>Accessibility</b>		<b>YES</b>	<b>NO</b>
		<b>N/A</b>	
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"never had no problem"

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Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)						✓
Fire Protection		✓				
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door		✓				
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks/Vanity		✓				
Walls and Ceilings		✓				
Doors		✓				
Flooring		✓				
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				

Comments/Observations (use additional sheets(s) as needed):

*Replace light cover in bedroom + bedroom closet*

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1629 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Alfredo Trevino</u>			
Unit#: <u>2138</u>		Unit Type: <u>OSC 3 bd.</u>	
Occupancy Date: <u>9-1-98</u>		NTC: <u>407</u>	
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
<b>General</b>		<b>YES</b>	<b>NO</b>
1. How many people live in household? <u>5</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>98/week</u>			
4. How much do you pay for utilities? \$ <u>elec \$139 water \$130</u>			
5. *Are you working? If so where? <u>Duda</u>			
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?		✓	
8. Do you understand the income verification and certification process?		✓	
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?		✓	
11. *Do you find the Maintenance acceptable? Why or why not?		✓	
<b>Accessibility</b>		<b>YES</b>	<b>NO</b>
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"Sometimes take a little long to fix things but they fix it"

"like it here better than other places"

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Rural Development  
MFH Physical Inspection

<b>Section III: Unit Inspection</b>					
Project Name: OKEE/OSCEOLA CENTER			Unit #:		
Is this unit vacant?:		Date vacated:		Rent Ready:	
Tenant Name:					
<b>Apartment Unit - General</b>	A	F	V	ECD	N/A
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>	A	F	V	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Windows	✓				
Refrigerator					✓
Range and <u>Range Hood</u> <i>rusted</i>					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
<b>Bathroom</b>	A	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
<b>Bedroom</b>	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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MFH Physical Inspection

1664 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Alexandra Gallegos</u>			
Unit#: <u>2191</u>		Unit Type: <u>OSC 2bd.</u>	
Occupancy Date: <u>1-21-11</u>		NTC: <u>342</u>	
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
<b>General</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. How many people live in household? <u>3</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>73 approx.</u>			
4. How much do you pay for utilities? \$ <u>elec \$100/water \$100</u>			
5. *Are you working? If so where? _____	<input checked="" type="checkbox"/>		
6. *If no, how do you pay your rent and expenses? <u>stacks gross (husband)</u>			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	<input checked="" type="checkbox"/>		
8. Do you understand the income verification and certification process?	<input checked="" type="checkbox"/>		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	<input checked="" type="checkbox"/>		
11. *Do you find the Maintenance acceptable? Why or why not?	<input checked="" type="checkbox"/>		
<b>Accessibility</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
12. Has the owner made reasonable accommodations as requested?			<input checked="" type="checkbox"/>
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			<input checked="" type="checkbox"/>
14. If not, does your lease require you to move if an individual needing these features applies?			<input checked="" type="checkbox"/>

Comments/Observations (use additional sheet(s) as needed):

wife unemployed  
"like living here, it's really good"

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1471 12th St

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Clifford Dandison</u>			
Unit#: <u>2244</u>		Unit Type: <u>Osc 3bd</u>	
Occupancy Date: <u>7-15-05</u>		NTC: <u>407</u>	
<p>Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.</p>			
<b>General</b>		<b>YES</b>	<b>NO</b>
			<b>N/A</b>
1. How many people live in household? <u>4</u>			
2. Did you pay a security deposit? If so, how much? \$ _____		✓	
3. How much do you pay for rent? \$ <u>94/week</u>			
4. How much do you pay for utilities? \$ <u>elec \$200/water \$123</u>			
5. *Are you working? If so where? _____		✓	
6. *If no, how do you pay your rent and expenses? <u>tractor driver</u>			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?		✓	
8. Do you understand the income verification and certification process?		✓	
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?		✓	
11. *Do you find the Maintenance acceptable? Why or why not?		✓	
<b>Accessibility</b>		<b>YES</b>	<b>NO</b>
			<b>N/A</b>
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"like living in the area"

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Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER			Unit #:			
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters <i>rusted</i>		✓				✓
Emergency Call System (if installed)		✓				✓
Fire Protection		✓				✓
Accessibility						✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator						✓
Range and <del>Range Hood</del> <i>rusted</i>						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet <i>need light cover</i>		✓				
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations (use additional sheets(s) as needed):

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MFH Physical Inspection

1410 114h st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: <u>Miguel Perez Jr.</u>			
Unit#: <u>2318J</u>		Unit Type: <u>Osc 2 bd.</u>	
Occupancy Date: <u>8-22-08</u>		NTC: <u>342</u>	
Directions: Use this worksheet as a guide for individual tenant interviews. Enter the appropriate information or mark the appropriate box (YES, NO, or N/A). *Provide additional information as needed in the comments/observation section. Use data from MFIS TNT1000 for responses below.			
General	YES	NO	N/A
1. How many people live in household? <u>6</u>			
2. Did you pay a security deposit? If so, how much? \$ <u>doesn't remember</u>			
3. How much do you pay for rent? \$ <u>79</u>			
4. How much do you pay for utilities? <u>\$ elec \$50 water \$50</u>			
5. *Are you working? If so where? <u>sugar house</u>	✓		
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?	✓		
8. Do you understand the income verification and certification process?	✓		
9. Do you know about the grievance process?	✓		
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	✓		
11. *Do you find the Maintenance acceptable? Why or why not?	✓		
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			✓
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			✓
14. If not, does your lease require you to move if an individual needing these features applies?			✓

Comments/Observations (use additional sheet(s) as needed):

"likes it"

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER		Unit #:				
Is this unit vacant?:		Date vacated:		Rent Ready:		
Tenant Name:						
Apartment Unit - General		A	F	V	ECD	N/A
Water Heaters		✓				
Emergency Call System (if installed)		✓				✓
Fire Protection		✓				✓
Accessibility		✓				✓
Electrical, Air Conditioning and Heating		✓				
Insect/Rodent Infestation		✓				
Living Room/Dining Room		A	F	V	ECD	N/A
Entrance Door		✓				
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				
Kitchen		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Windows		✓				
Refrigerator <i>rusted - owned by tenant</i>						✓
Range and Range Hood						✓
Sinks		✓				
Cabinets		✓				
Flooring		✓				
Accessibility						✓
Bathroom		A	F	V	ECD	N/A
Water Closet		✓				
Bathtub and Shower Stall		✓				
Sinks (Vanity) <i>door off hinge</i>						
Walls and Ceilings		✓				
Doors		✓				
Flooring		✓				
Accessibility						✓
Bedroom		A	F	V	ECD	N/A
Walls and Ceilings		✓				
Door and Windows		✓				
Flooring		✓				

Comments/Observations (use additional sheets(s) as needed):

*Unit needs to be painted*

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MFH Physical Inspection

<b>Section III: Unit Inspection</b>					
<b>Project Name:</b> OKEE/OSCEOLA CENTER			<b>Unit #:</b>		
<b>Is this unit vacant?:</b>		<b>Date vacated:</b>		<b>Rent Ready:</b>	
<b>Tenant Name:</b>					
<b>Apartment Unit - General</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings					
Windows					
Refrigerator					✓
Range and Range Hood					✓
Sinks					
Cabinets					
Flooring					
Accessibility					✓
<b>Bathroom</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring	<i>need tile replaced behind toilet</i>				
Accessibility					✓
<b>Bedroom</b>	<b>A</b>	<b>F</b>	<b>V</b>	<b>ECD</b>	<b>N/A</b>
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

1631 12th St.  
DR  
~~1630 14th St~~

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #: 2193		
Is this unit vacant?: YES			Date vacated: 9-30-14		Rent Ready: NO
Tenant Name:					
<b>Apartment Unit - General</b>					
Water Heaters	A	F	V	ECD	N/A
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
<b>Living Room/Dining Room</b>					
Entrance Door	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					
<b>Kitchen</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Windows	✓				
Refrigerator	✓				✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring	✓				
Accessibility					✓
<b>Bathroom</b>					
Water Closet	A	F	V	ECD	N/A
Bathtub and Shower Stall	✓				
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					✓
<b>Bedroom</b>					
Walls and Ceilings	A	F	V	ECD	N/A
Door and Windows					
Flooring					

Comments/Observations (use additional sheets (s) as needed):

Unit needs to be cleaned

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Department of Agriculture  
Rural Development  
MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER			Unit #: 1244 1362 Okee Ctr.		
Is this unit vacant?: <i>yes</i>			Date vacated: <i>4-1-15</i>		Rent Ready: <i>no</i>
Tenant Name: _____					
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters	✓				
Emergency Call System (if installed)					✓
Fire Protection	✓				
Accessibility					✓
Electrical, Air Conditioning and Heating	✓				
Insect/Rodent Infestation	✓				
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door	✓				
Walls and Ceilings	✓				
Door and Windows	✓				
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Windows	✓				
Refrigerator					✓
Range and Range Hood					✓
Sinks	✓				
Cabinets	✓				
Flooring					
Accessibility					✓
Bathroom	A	F	V	ECD	N/A
Water Closet	✓				
Bathtub and Shower Stall	✓				
Sinks/Vanity	✓				
Walls and Ceilings	✓				
Doors	✓				
Flooring					
Accessibility					✓
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings	✓				
Door and Windows	✓				
Flooring					

Comments/Observations (use additional sheets(s) as needed):

*Need to strip & clean floors*

*Unit has been repainted & some electrical work completed*

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